



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR					
DESIGN					
PATENT APPLICATION					
(37 CFR 1.63)					

Declaration Submitted with Initial Filing

OR

 □ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

sporte to a collection of information unless it contains a valid OMB control number.					
Attorney Docket Number		HOOV 118			
First Named Inventor	•	Michael D. Hooven			
COMPLETE IF KNOWN					
Application Number	10 /015,862				
Filing Date	December 12, 2001				
Group Art Unit					
Examiner Name					

						
As a below named inventor, I hereby declare that:						
My residence, mailing address, and	d citizenship are as stat	ed below next to my nar	ne.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
TRANSMURAL ABLATION DEVICE WITH SPRING LOADED JAWS						
the enceification of which	(T	itle of the Invention)				
the specification of which						
☐ is attached hereto						
OR	10/10/00/1	as United S	tates Application N	Number or PCT Intern	ational	
was filed on (MM/DD/YYYY) 12/12/2001 (if applicable).						
Application Number 10/015,862 and was amended on (MM/DD/YYYY)						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application		Foreign Filing Date		Certified Copy At	tached?	
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES N	0	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Dat	te (MM/DD/YYYY)				
60/200,072	04/2	04/27/2000		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box + + Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer Number or Bar Code Label OR Correspondence address below						
Name 26568 PATENT TRADEMARK OFFICE						
Address						
Address	·					
City				State		ZIP
Country	Country Telephone			Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:			A petit	ion has been fil	ed for this unsigned inventor
Given Name (first and middle [if any]) Michael D. Family Name or Surname Hooven						
Inventor's Signature Date 3/1/02						
Residence: City Cincinnati S			State O	nio	Country USA	Citizenship US
Mailing Address 7778 Bennington Drive						
Mailing Address						
City Cincinnati	State Ohio	0		ZIP	45241	Country USA
NAME OF SECOND INVENTOR				A petit	ion has been fil	ed for this unsigned inventor
Given Name (first and middle [if any]) Jeffrey David Family Name or Surname Messerly						
Inventor's Signature Jeff David Manuel Date 4/5/2007						
Residence: City Cincinnati			State O	hio C	Country USA	Citizenship US
Mailing Address 3940 Marburg Avenue						
Mailing Address						
City Cincinnati	State Ohi	О		ZIP 4	5209	Country USA
Additional inventors are being named	Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					